

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1357536
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1357536



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 160

Date	5-10-17	Sec.	4	Twp.	17	Range	13	County	Barton	State	Ks	On Location	Finish
Location													5:00 PM

Lease	Drake	Well No.	4-10	Owner	Susank - 35, 3/4 E, N1/4
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Contractor		Duke #2		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Type Job		Surface		Charge To	
Hole Size		12 1/4"		Empire Energy	
Csg.		8 5/8"		Street	
Tbg. Size		Depth		City	
Tool		Depth		State	
Cement Left in Csg.		23'		The above was done to satisfaction and supervision of owner agent or contractor.	
Shoe Joint		23'		Cement Amount Ordered	
Meas Line		Displace		350 80/20 3% CC 2 1/2 Gel	
		53 BCS			

EQUIPMENT			
Pumptrk	18 No.	Cementer	Travis
Bulktrk	19 No.	Driver	Doug
Bulktrk	p.u. No.	Driver	Pick
Common		280	
Poz. Mix		70	
Gel.		7	
Calcium		12	

JOB SERVICES & REMARKS	
Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling
	369
	Mileage

FLOAT EQUIPMENT	
Centralizer	Rubber plug
Baskets	Baffle plate
	2 Cents
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge	Long Surface
Mileage	17

X Signature <i>Richard W. Lutz</i>	Tax	
	Discount	
	Total Charge	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 163

Date	5-15-17	Sec.	4	Twp.	17	Range	13	County	Barton	State	KS	On Location	Finish
													3:00 PM

Lease Drake Well No. 4-10 Location Susank, KS - 35 3/4 E, N/into

Contractor Duke #2 Owner To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Type Job Longstring Charge To Empire Energy

Hole Size 7 7/8" T.D. 3490' Depth 3478.73'

Csg. 15 1/2" 5 1/2" Tbg. Size _____

Tool _____ Cement Left in Csg. 14' Shoe Joint 14'

Meas Line _____ Displace 82 1/2 BLS Cement Amount Ordered 280 Com 10% Salt 5% Gilsomite

EQUIPMENT Common 280

Pumptrk 16 No. 16 Cementer Travis Poz. Mix _____

Bulktrk 15 No. 15 Driver Jordan Gel. _____

Bulktrk p.u. No. p.u. Driver Rick Calcium _____

JOB SERVICES & REMARKS Hulls _____

Remarks: _____ Salt 21

Rat Hole _____ Flowseal _____

Mouse Hole _____ Kol-Seal 1250 #

Centralizers 1, 3, 5, 7, 9, 11, 13, 15, 17, 19 Mud CLR 48 500 gal

Baskets 14 CFL-117 or CD110 CAF 38 _____

D/V or Port. Collar _____ Sand _____

Pump 500 gal mud Clear 48 plug Handling 313

Plug with 30% cement 5 1/2" casing Mileage _____

w/25% Sr Cement. Shut down wash **FLOAT EQUIPMENT**

pump + lines. Displaced plug w/ 82 1/2 Guide Shoe _____

BLS. Release! + held Centralizer 10

Lift pressure 700 # Baskets 1

Land plug to 1500 # AFJ Inserts _____

_____ Float Shoe _____

_____ Latch Down _____

_____ Pumptrk Charge prod string

_____ Mileage 17

Signature Robert N. Sney Tax _____

Discount _____

Total Charge _____